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PERMANENT RECORD  
 (This return should preferably be made by the person who made the original)  
 SUPPLEMENTARY REPORT OF BIRTH  
 County Registrar's No. \* 26  
 Place of Birth Lowell County Cochise No. St.  
 (Registration District)  
 SEX OF CHILD\* Female Twin Triplet or other? and Number in order of birth  
 DATE OF BIRTH\* April 7 1912 (Month) (Day) (Year)  
 FULL NAME FATHER Phillip Kraker  
 FULL MAIDEN NAME MOTHER Sophie Eppich  
 \*These items to be entered by the local registrar before giving out this form.  
 Blank supplemental reports of birth may be obtained from the local registrar.  
 10M 11-41 A.P.  
 829-407-258

## ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 26

Place of Birth Lowell County Cochise No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			
DATE OF BIRTH* April 7 1912 (Month) (Day) (Year)			
FULL NAME		FATHER	
Phillip Kraker			
FULL MAIDEN NAME		MOTHER	
Sophie Eppich			

I HEREBY CERTIFY that the child described herein has been named

Helen Mildred Kraker

(Give name in full)

(Surname)

*Sophie Eppich*  
 (Parent Signature)

(Signature of Physician or wife)

\*These items to be entered by the local registrar before giving out this form.

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